

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	REMEDY FOR HEPATOPATHY
Attorney Docket Number::	SATOMI 1A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japanese
Status::	Full Capacity
Given Name::	Susumu
Middle Name::	

Family Name::	SATOMI
Name Suffix::	
City of Residence::	
State or Province of Residence::	Miyagi
Country of Residence::	Japan
Street of Mailing Address::	c/o Tohoku University School of Medicine 1-1, Seiryō-machi
City of Mailing Address::	Sendai-shi
State or Province of Mailing Address::	Miyagi
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	980-8574
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japanese
Status::	Full Capacity
Given Name::	Hideyuki
Middle Name::	
Family Name::	DOI
Name Suffix::	
City of Residence::	
State or Province of Residence::	Miyagi
Country of Residence::	Japan
Street of Mailing Address::	c/o Tohoku University School of Medicine 1-1, Seiryō-machi, Aoba-ku
City of Mailing Address::	Sendai-shi
State or Province of Mailing Address::	Miyagi
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	980-8574
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japanese
Status::	Full Capacity
Given Name::	Masahiro
Middle Name::	
Family Name::	CHIN

Name Suffix::	
City of Residence::	
State or Province of Residence::	Miyagi
Country of Residence::	Japan
Street of Mailing Address::	c/o Tohoku University School of Medicine 1-1 Seiryō-machi, Aoba-ku
City of Mailing Address::	Sendai-shi
State or Province of Mailing Address::	Miyagi
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	980-8574
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japanese
Status::	Full Capacity
Given Name::	Hiromichi
Middle Name::	
Family Name::	KOMATSU
Name Suffix::	
City of Residence::	
State or Province of Residence::	Shizuoka
Country of Residence::	Japan
Street of Mailing Address::	c/o Chugai Seiyaku Kabushiki Kaisha 135 Komakado 1-chome
City of Mailing Address::	Gotenba-shi
State or Province of Mailing Address::	Shizuoka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	412-8513
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japanese
Status::	Full Capacity
Given Name::	Hiroshi
Middle Name::	
Family Name::	KOGA
Name Suffix::	

City of Residence:: Tokyo  
State or Province of Residence::  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha  
1-9 Kyobashi 2-chome, Chuo-ku

City of Mailing Address:: Tokyo  
State or Province of Mailing Address::  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 104-8301

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Continuation of	09/509,680	03/30/00
which is	National Stage of	PCT/JP98/04495	09/30/98

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	265793/1997	09/30/97	Yes

**Assignment Information**

Assignee Name:: CHUGAI SEIYAKU KABUSIKI KAISHA  
Street of Mailing Address:: 5-1, Ukima 5-chome  
City of Mailing Address:: Kita-ku  
State or Province of Mailing Address:: Tokyo  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 115-8543